

Case Number:	CM15-0001189		
Date Assigned:	01/12/2015	Date of Injury:	02/01/1996
Decision Date:	03/09/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old female, who sustained an industrial injury on February 1, 1996. The details of the injury and immediate symptoms were not documented in the medical record reviewed. She has reported lower back pain radiating to the legs. The diagnoses have included intervertebral disc disorder of the lower back with myelopathy, post-laminectomy syndrome, depression, anxiety, medication induced gastritis and insomnia. Treatment to date has included medications, lumbar laminectomy, spinal fusions, and a spinal cord stimulator. Currently, the injured worker complains of continued lower back pain with radiation to the legs, significant myospasms of the back, and sleep disturbances. She states that the spinal cord stimulator is not as effective and that she is having more difficulty controlling her pain. The treating physician requested prescriptions for Prilosec, Norco, MS Contin, Lunesta, Lidoderm patches, Flexeril and a trial for an intrathecal morphine pump. On December 20, 2014 Utilization Review certified the request for Prilosec. The UR partially certified the request for MS Contin, with an adjustment in the quantity. The UR non-certified the request for the Norco, Lunesta, Lidoderm patches, Flexeril and the trial of an intrathecal morphine pump, noting the lack of documentation to support the medical necessity of the medications and the device. The MTUS Chronic Pain treatment Guidelines and peer reviewed guidelines were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #180 between 12/4/14 and 2/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was a report of her collective medication use (which included her Norco and MS Contin use) allowing her to perform activities of daily living, however, there was insufficient reporting of each of their effects on the pain level and function (with and without use). Previous reviews suggested weaning of the Norco as well. Also, these opioids have been causing excessive somnolence with their use during the day, which is elevating the already high risk for a fall. Therefore, the Norco and MSContin both will be considered medically unnecessary to continue. Weaning may be necessary.

MS Contin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was a report of her

collective medication use (which included her Norco and MS Contin use) allowing her to perform activities of daily living, however, there was insufficient reporting of each of their effects on the pain level and function (with and without use). Also, these opioids (Norco and MSContin) have been causing excessive somnolence with their use during the day, which is elevating the already high risk for a fall. Therefore, the MSContin will be considered medically unnecessary to continue. Weaning may be necessary.

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness section, sedative hypnotics and Lunesta

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there is evidence which showed she had been using sedative hypnotics such as Lunesta chronically and much longer than recommended for this medication. Side effects are a strong risk and considering her fall risk, there is even more reason to discontinue this medication. Therefore, the Lunesta will be considered medically unnecessary.

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, although there was a report of her collective medication use leading to some functional benefits, there was no report in the documentation regarding the Lidoderm's effect on her pain and function. Therefore, without a current and direct evidence of benefit independent of her other medications, the Lidoderm will be considered medically unnecessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was chronic use of muscle relaxants such as Flexeril, which is not recommended for this type of medication and the diagnoses submitted. Also, there was no documentation of benefit with continual Flexeril use. Therefore, the Flexeril will be considered medically unnecessary.

1 Trial of intrathecal morphine pump: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that implantable drug-delivery systems are recommended only as an end-stage treatment alternative for selected patients after failure of at least 6 months of less invasive methods, and following a successful temporary trial and for the purpose of facilitating restoration of function and return to activity, and not just for pain reduction. The implantable infusion pump is indicated for malignant pain and also non-malignant pain with documentation of failure of less invasive methods for at least 6 months, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention or other treatment is not indicated or likely to be effective, psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin, no contraindications to implantation (sepsis, coagulopathy, etc.), and a temporary trial of spinal opiates has been successful by at least 50-70% reduction in pain and associated reduction in oral pain medication. An infusion pump trial (rather than spinal injection) may be considered medically necessary only when all other criteria are met. Refill timing for implantable drug-delivery systems will vary based on pump reservoir size, drug concentration, dose, and flow rate. In the case of this worker there was chronic use of oral opioids, but with minimal pain reductions and insufficient documentation of functional gains related to their chronic use. Therefore, the infusion of another opioid is likely to produce such a limited benefit. Therefore, the intrathecal morphine pump will be considered medically unnecessary.